The Habit

ALCOHOL AND DRUG ABUSE DIVISION
MONTANA DEPARTMENT OF INSTITUTIONS
1539 11TH AVENUE, HELENA, MONTANA 59620
(406) 449-2827

JULY/AUGUST, 1982

CHANGES IN DRUG SERVICE DELIVERY NETWORK

The Department of Institutions, Alcohol and Drug Abuse Division is in the process of eliminating the state-operated drug clinics in Butte, Anaconda and Helena, and contracting with the local providers of alcohol services in these three communities. This will result in a decrease in administration, lower ancillary costs and improve communication and cooperation within the service area. Contracts in Butte will be with Butte/Silver Bow County Health Department; in Anaconda with Anaconda/Deer Lodge County; and in Helena with the Boyd Andrew Service Center. In FY83 the state will contract for services at the current level. Anaconda is currently responsible for a client matrix of 30, Butte 50, and Helena 60. The state clinics in Anaconda, Butte and Helena have been in existence since 1973 and at one time consisted of 75 percent of the Montana Drug Program. The target date for contract implementation is September 1, 1982.

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MONTANA REPRESENTED AT NASADAD MEETING

Darryl Bruno of the Alcohol and Drug Abuse Division represented Montana at the National Prevention meeting for States and Territories and the National Association of State Alcohol and Drug Abuse Directors (NASADAD) in Des Moines, Iowa, June 6-9.

According to Darryl, the biggest concern at the present time in the alcohol and drug field is the ADM block grant. There are several allocation formulas to states that are being considered; the one receiving the most attention and the most disadvantageous to Montana would be a formula based on population. If enacted, Montana would lose approximately $260,000 per year in total funding. Another possible legislative change which was discussed at the meeting is the possibility of combining the ADM block grant with Health Prevention Services and Primary Care which would take control away from the Alcohol, Drug and Mental Health Administration.

Other points of interest brought out during the meeting were that a major amount of funding to NIAAA and NIDA in the future will be for preventive research; and that studies are currently underway to determine whether or not it is cost effective to treat alcoholics in a hospital setting.

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THIRTY-FIVE COUNSELORS CERTIFIED

As of June 30, 1982, the following people have attained full certification

Jo Acton
Kenneth Anderson
Leonard "Andy" Anderson
Marilyn Bishop
Norma Jean Boles
Howard Boxmeyer
Susan Carroll
Mark Clark
Lindsay Clodfelter
Dennis Duncan
Kay Flinn
Hazel Gum
Rick Halverson
Ron Hjelmstad
Andrew Hudak
William Hunter
Maxine Jacobson
Virginia Klein
Donald Kurtz
Otto Kvaalen
Laurie Loughney
Robert MacConnel
Dennis Maercklein
Robert McCollum
Marcella McGeever
James McIntosh
Myrle Mitchell
Carol Richard
Rosalind Rose
Jack Sauter
Jackie Severson
Jeff Slothower
John Weida
Donald "Skip" Wilcox
Deanna Wirtzberger

With less than one (1) year remaining to comply with the certification requirement one should, among other things, give consideration to the number of examinations remaining before the June 30, 1982, deadline. Written and oral exams are presented on a bi-monthly schedule with only six (6) of each exam remaining. Tapes are reviewed when we have enough on hand to provide a full days work for the panel of judges. We have, on an average, reviewed every 2½ to 3 months.

For those of you who have been procrastinating, it would appear injudicious to continue to do so, since a failing score in any of the examination areas represents a loss in time of 2 to 3 months, and at this point time is the all important consideration.

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ADAD ADOPTS POLICY REGARDING CERTIFICATION APPLICANT'S REVIEW OF RATED PRACTICAL EXAMINATION (TAPED COUNSELING SESSION)

Any certification applicant may, within a 30-day period after notification of his/her practical examination score, make an appointment with the Certification Section manager to review the judges scoring forms and listen to his/her tape if so desired. Any such review will be held in Helena on the date and time agreed upon. The panel of judges will not be present for such informal review by the applicant.

If no request for review is received within the 30-day period following notification of the tape score, the tape will be returned to the applicant.

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Trying to cut down on your use of alcohol and an angry response if another questions your drinking are two early signs of developing alcoholism that the individual and others can perceive.

Joseph Pursch, M.D.

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ARE YOU A DRUG QUIZ WHIZ?

Here are 20 questions to test your knowledge about drugs and drug abuse. It is not important that you answer all of the questions right. You might be surprised when you check the answers. But they are the facts.

What is important is that you start thinking about the impact of drugs in your life. This quiz will increase your awareness of the drugs most often abused or misused and how drugs can affect you. If you have any questions or concerns about the answers, you may want to discuss them with your family physician, counselor, or call a drug information hotline, if your community has one. To learn more, send for a free booklet:

LET'S TALK ABOUT DRUG ABUSE
National Clearinghouse for Drug Abuse Information
PO Box 11000, Dept. DQ
Washington, DC 20008

1. The most commonly abused drug in the United States is:

   [_] marijuana
   [_] alcohol
   [_] cocaine
   [_] heroin

2. People who are dependent upon heroin keep taking it mostly to:

   [_] experience pleasure
   [_] avoid withdrawal
   [_] escape reality
   [_] be accepted among friends

3. Which of these is not a narcotic?

   [_] heroin
   [_] marijuana
   [_] morphine
   [_] methadone

4. Which age group has the highest percentage of drug abusers?

   [_] 10-17
   [_] 18-25
   [_] 26-35
   [_] 36-60
   [_] 61 and over

5. Which drug does not cause physical dependence?

   [_] alcohol
   [_] morphine
   [_] peyote
   [_] secobarbital
   [_] codeine

6. Most drug users make their 1st contact with illicit drugs:

   [_] through "pushers"
   [_] through their friends
   [_] accidentally
   [_] through the media

7. What is the most unpredictable drug on the street today?

   [_] PCP
   [_] heroin
   [_] LSD
   [_] alcohol

8. Which of the following is not a stimulant?

   [_] amphetamine
   [_] caffeine
   [_] methaqualone
   [_] methamphetamine

9. The majority of inhalant abusers are:

   [_] men
   [_] children
   [_] women
   [_] the elderly

10. Which of the following poses the greatest health hazard to the most people in the U.S.

    [_] cigarettes
    [_] heroin
    [_] codeine
    [_] LSD
    [_] caffeine

11. Which of the following poses the highest immediate risk to users?

[_] marijuana
[_] nicotine
[_] LSD
[_] inhalants

12. This drug was believed to be non-addictive when it was developed in the 1800s as a substitute for morphine and codeine.

[_] LSD
[_] heroin
[_] horseradish
[_] PCP

13. When does a person become hooked on heroin?

[_] first time
[_] after 4 or 5 times
[_] 20 times or more
[_] different for each person

14. What sobers up a drunk person?

[_] a cold shower
[_] black coffee
[_] a traffic ticket
[_[time
[_] walking

15. Which of the following should never be mixed with alcohol?

[_] amphetamines
[_] sedatives
[_] cocaine
[_[cigarettes

16. Medical help for drug problems is available without legal penalties:

[_] if the patient is under 21
[_] under the protection of Federal law
[_] in certain States

17. Stopping drug abuse before it starts is called:

[_] prevention
[_] withdrawal
[_] tolerance
[_] education

18. How long does marijuana stay in the body after smoking?

[_] one day
[_] 12 hours
[_] up to a month
[_] one hour

19. The use of drugs during pregnancy:

[_] should be limited to tobacco and alcohol
[_[may be harmful to the unborn child
[_] should cease at 26 weeks

20. What makes marijuana especially harmful today?

[_] younger kids are using it
[_] it is much stronger
[_] it could affect physical & mental development
[_] none of these
[_] all of these

ANSWERS TO DRUG QUIZ

1. ALCOHOL. It is estimated that about 10 million people in the U.S. are dependent on alcohol. About two-thirds of all adults are occasional drinkers of either wine, beer, or some other alcoholic beverage. About half of all junior high school students have tried some type of alcoholic drinks.

2. AVOID WITHDRAWAL. When heroin addicts are deprived suddenly of the drug, they develop physical withdrawal symptoms. These symptoms may include shaking, sweating, nausea, runny nose and eyes, muscle spasms, headaches and stomaches. Sudden withdrawal from certain drugs can be dangerous. For instance, a person who has been using barbiturate sedatives for a long time should not attempt withdrawal without a physician's assistance.

3. MARIJUANA. Marijuana was legally declared a narcotic in the past but it is not now. The way the drug works on a person's mental and physical system differs from the effects of narcotics.

4. 18-25. The findings from the 1979 National Survey on Drug Abuse showed that one of the three major age groups surveyed (12-17, 18-25, and 26 and over) illicit drug abuse was more prevalent among young adults, ages 18-25.

5. PEYOTE. The active ingredient of the peyote cactus is mescaline, a hallucinogen. Physical dependence on this class of drugs has not been verified.

6. THROUGH THEIR FRIENDS. The pressure from friends to experiment with drugs can influence many people to try drugs, especially young people. Being accepted by friends is strong pressure. But showing friends that you care when they feel bad about themselves and their lives, and helping them solve problems can prevent them from becoming involved with drugs.

7. PHENCYCLIDINE (PCP). This illicit drug can produce unpredictable, erratic, and violent behavior in users. These actions can be directed at themselves or at others, and, in some cases, have led to serious injuries and death. Drownings, burns, falls from high places and automobile accidents have also been reported. Since the drug is usually manufactured illegally, users cannot be certain of its purity.

8. METHAQUALONE. This is a non-barbiturate sleep-inducing drug called a "lude" or "sopor" on the street. Abuse can lead to convulsions or coma.

9. CHILDREN. Inhalant abuse is rising among children between the ages of 12 and 17. These substances are readily available in household products, often found in aerosol sprays. Inexpensive and available aerosol products can cause irregular heartbeats, breathing problems, and sudden death.

10. CIGARETTES. There are over 50 million cigarette smokers in the U.S. It is estimated that 300,000 deaths each year are related to tobacco use. Some of the long-term effects of smoking are emphysema, chronic bronchitis, heart disease, and cancer of the lungs, mouth, larynx, and esophagus. Women who smoke during pregnancy run the risk of having babies that weigh less, or of losing their babies through stillbirth or death after birth. Therefore the health risks associated with tobacco are exceptionally high.

11. INHALANTS. These compounds are found among common household products. Sniffing these substances can result in immediate death. Irregular heartbeat and interference with breathing can cause suffociation. This can happen the first time or any time a person uses these substances.

12. HEROIN. In 1898 when heroin was placed on the market, it was not believed to be habit forming. However, in a few more years, researchers found heroin more addictive than morphine or any other narcotic drug. This knowledge made it necessary for the Government to begin passing laws to restrict the sale and use of heroin.

13. DIFFERENT FOR EACH PERSON. The time it takes for a person to become dependent on heroin varies. But repeated use will eventually cause physical dependence. Some people become hooked on heroin after using it a few times. Developing an addiction to any drug varies with the form and potency of the drug, the dosage, the frequency, the pattern of use, and the personality of the user.

14. TIME. There are no shortcuts to sober a drunk person. Once alcohol is in the blookstream, it takes time for the body to rid itself of the alcohol. This process, called metabolism, takes about 12 hours for each drink taken.

15. SEDATIVES. (Also known as tranquilizers and sleeping pills.) Most people do not realize that alcohol is a sedative drug. Combining sedatives with alcohol increases their effects. Judgment is impaired and lapses in memory can occur. In this confused state, users can unintentionally take larger or repeated amounts of these substances. This can result in comas and death. More Americans die from overdoses of barbiturates (another sedative) than from heroin addiction.

16. UNDER THE PROTECTION OF FEDERAL LAW. Under Federal law persons can seek ehlp for drug problems. Federal law in most instances requires doctors, psychologists, and drug treatment centers to keep confidential any information received from drug patients, if the drug treatment program is federally assisted. However, it may be necessary for information to be given to other doctors to help in treating patients, or to insurance companies to help to provide benefits for patients. This can only be done with the patient's consent.

17. PREVENTION. Children are confronted with drugs and the pressure to use drugs. This occurs wherever they live. Young people are faced with alcohol and tobacco at a very young age. They should be taught how to say "no" when drugs are offered. The purpose of prevention is to provide young people healthy and attractive alternatives to drug abuse. This involves the whole community and includes helping young people to develop meaningful relationships with parents, teachers and peers.

18. UP TO A MONTH. The major active ingredient in marijuana is tetrahydrocannabinol (THC). Scientists have discovered that THC accumulates in the fatty tissues of the cells and is eliminated slowly. It takes approximately 4 weeks for the body to rid itself of THC.

19. MAY BE HARMFUL TO THE UNBORN CHILD. Pregnant women should be extremely careful about taking any drug, even aspirin, without consulting a physician. Research has shown that heavy smoking and drinking can harm the fetus. Babies born of narcotic- and barbiturate-dependent mothers are often born drug dependent and must receive special care.

20. ALL OF THESE. Recent studies of teenage marijuana use show that 59 percent of high school seniors have tried it. Eight percent of the 12- to 13-year-olds report that they have smoked marijuana at least once, and half of this group were current users. Of the 14- to 15-year-olds, 32 percent have tried it, and 17 percent still use it. Many children in the 12 to 17 age group report that they first tried marijuana while they were still in grade school.

In 1975 marijuana street samples rarely exceeded 1 percent THC (tetrahydrocannabinol) content; in 1980 marijuana samples containing 5 percent were common. The amount of THC determines its psychoactive potential. The more potent marijuana increases the physical and mental effects, and the possibility of health problems to the user.

Research shows that marijuana effects can interefer with learning by impairing thinking, reading comprehension, and verbal and arithmetic skills. Young people need to learn how to make decisions, to handle success, and to cope with failures. Drug abuse can prevent them from gowing up to become mature, responsible people.

Reprinted from the National Institute on Drug Abuse, DHHS publication Number (ADM) 8-1082

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SCREENING PROCEDURES FOR COURT SCHOOLS IN PLACE

The Montana Court Schools for DUI offenders have a new component. A special task force was established a year ago to review existing screening and assessment tools and to recommend which would be most appropriate for use in the alcohol information schools. This group made its final recommendation this winter; that the Mortimer-Filkins be incorporated as a screening procedure.

This process was developed by the University of Michigan under a contract with the National Highway Traffic Safety Administration. "Court Procedures for Identifying Problem Drinkers" was designed to fulfill the following needs for a testing instrument:

1) This test includes previous traffic and arrest data.
2) It encourages rapport between the test giver and the test taker.
3) The test is subtle enough to discourage faking and will detect inconsistencies.
4) The procedure is inexpensive and requires minimal training.
5) This method is objective, standardized, easy to score and interpret, and is both valid and reliable.
6) The Mortimer-Filkins covers a variety of nonspecific signs and symptoms which are indicative of early stages of problem drinking.

The original procedure developed by the University of Michigan was thoroughly field-tested for reliability and validity to ensure effectiveness in a variety of settings. The State of Colorado modified some portions and did further field testing. Montana has adopted the revised version used by the Colorado Division of Highway Safety. There are three components involved; all three are necessary for a valid result: The Drinking History Questionnaire, the Mortimer-Filkins, and a structured one-to-one interview.

Training of the scoring of this "Court Procedure for Identifying Problem Drinkers" was offered to all Montana Court Schools this spring. At the end of June all but one Court School has been instructed in the use of the screening instrument.

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REPORT A DRUNK DRIVER CAMPAIGN A WINNER

The Report a Drunk Driver program which was initiated December, 1981, has turned out to be successful in a variety of ways. The last press release from the Department of Justice states that 43 law enforcement agencies have reported 870 calls during a six-month period with an arrest rate of 56.7 percent. 170 individuals have been arrested for driving while under the influence of alcohol or other drugs as a direct result of concerned citizen phone calls.

The television and radio spots, the billboards, pamphlets and posters have all helped to make Montanans aware of the problems of drinking and driving and the Report a Drunk Driver program. But the public service announcements were winners in another way. The Great Falls Advertising Federation presented the campaign two first-place and one second-place awards in their statewide competition. The billboard and the 30-second television spot (the accident scene) received top honors while the 60-second television spot featuring Doris Fisher won a second.

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OUTPATIENT VS RESIDENTIAL TREATMENT FOR CHEMICALLY DEPENDENT YOUTH - HOW DO YOU DECIDE?

The following study was presented at the American Psychological Association 1981 annual meeting in Los Angeles, undertaken by Drs. Nathan Zilberg and Edward Burke within the Department of Psychiatry, Langley Porter Institute at the University of California in San Francisco. The study was supported by funding from the NIMH with collaboration of the San Francisco juvenile probation department.

In describing their study, Zilberg and Burke noted that experience in working with disturbed adolescents had convinced the authors of how difficult it is to treat this population on an outpatient basis. "The combination of low motivation to change, chaotic home life, and poor social functioning away from home seemed to doom attempts at outpatient treatment to failure."

The assumption was that a residential treatment setting is required to be effective and that the higher costs of this treatment would be offset by greater long-term social and personal benefits.

The study included a sample of 87 youth with a median age of 16.1, both males and females. All had been involved with juvenile probation and misused illicit drugs. The youths were screened for psychosis, mental retardation, and previous violence that would pose a danger to those around them. They were then randomly assigned to either residential or outpatient treatment.

Residential treatment consisted of individual therapy, "community" meetings family therapy, group therapy, occupational therapy, recreational therapy, psychodrama and a school program. Mean length of stay for the youth assigned to residential was 132 days. Outpatient treatment consisted of the usual counseling and resources available within a community.

After completing treatment the youths were followed up for two years with these results:

1 year: All youth seemed to improve independently of their treatment assignment. There were no meaningful differences between the 2 groups.

2 years: Improvement in the youths antisocial behavior, drug use and problem drug use regardless of treatment assignment.

The researchers conclusion is that there did not appear to be statistically significant differences between groups.

Why would this be so? There are several possible explanations offered by the researchers. First, it is possible that both treatment methods could be equally effective for this type of adolescent. Another possibility is that any improvements are simply a result of growing up and that the life crises which brought them into treatment have since subsided. A third possibility is that the scales used by Burke and Zilberg simply did not measure significant clinical variables on which the two groups do in fact differ. It is important to keep in mind that individuals within either the residential group or the outpatient group may have benefited more from another form of treatment.

This study represents one small piece of information among many pieces. There is indeed an unknown number of youth who will need residential care as a result of their intensive chemical use, potential for violence to themselves or others, or concommitant emotional or psychiatric difficulties. However, there is also an unknown larger number of youth and families who can benefit from admission to their community's outpatient program. For these adolescents the place to start the change process is within their homes, schools and towns with the support of all the resources the counselor can muster from their local environment.

(continued on page 9)

(Outpatient vs. Residential con't)

It is not valid to assume that all adolescent chemical abusers have a better chance of becoming/remaining chemical free if they experience residential treatment. Adolescence is a traumatic experience in the best of circumstances, unnecessary disruption during the treatment of chemical abuse problems may have negative effects upon some youths during this critical stage of social and psychological development.

ADAD has requested a complete report of this outcome study and any further remarks which the authors have available. It will be available to programs and others interested upon request. This brief outline of the Zilberg-Burke study was reported in the December, 1981, issue of the Washington Drug Review.

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PARENT ACTION GROUPS AND PREVENTION PROGRAMMING

Montana was well represented at the recent National Institute on Drug Abuse sponsored Family Collaboration workshop. This three-day workshop was designed to promote interaction and cooperation between state agency personnel and local parent action groups. Approximately 100 people attended from the Western Region of the US. Participating from Montana were Dorothy Dacar-Shannon representing the TALK Project in the Bozeman Public Schools, Dennis McCleavy from the Family Counseling Center in Great Falls, and Dick Rice representing the Alcohol and Drug Abuse Division in Helena.

Individual workshop sessions were designed to:

- review existing resources, training opportunities, and materials available to parent groups and agencies;
- review different models of family prevention efforts for dealing with drug problems;
- review efforts that are demonstrating collaboration between local parent groups and state agency personnel;
- help facilitate the best possible state plans for response to family problems.

Organized Parent Action groups began in the late 1970's as a response to the growing awareness of the youth drug culture which is exemplified by the paraphernalia industry, some of the popular music and literature, and media campaigns aimed at children with the message that it is OK to use chemicals. Parents perceived that major elements of society were accepting chemical use as a means of coping with an increasingly complex society.

Parents have discovered that they can have more effect by organizing than they can have as individuals. Parent organizations are grass roots movements whose efforts are to provide family and community structures wherein their children understand the risks of drug taking. Their goal is to help their children feel they do not need to participate in the drug culture. Parent groups primary focus is upon lowering and eventually eliminating chemical use by children.

How does the Parent Action movement relate to prevention? Most parent groups are not dependent upon any agency and their activities and information exist outside of the traditional chemical abuse treatment/prevention system. There are roles in the chemical abuse prevention field for both parents and professionals. Parent groups need to understand planning and the resources available to them. Professionals need to communicate and

(continued on page 10.)

(Parent Action Groups con't)

cooperate with parent group efforts. Parent groups have been successful in increasing public awareness of chemical abuse problems and creating a more positive climate for prevention programming.

As a result of the Family Collaboration Conference ADAD has resource information which would be helpful to anyone wishing to form a Parent Action group or program staff working with an already organized local group. This information is available from Dick Rice at ADAD.

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FATHER MARTIN TO VISIT BILLINGS AND HELENA

Eastern Montana College's Psychology Department and Lampson are sponsoring a visit from Father Martin August 5 in Billings. Father Martin will deliver the following lectures:

RECOVERY - 8:00 p.m., Thursday, August 5, 1982
(Public Lecture) Eastern Montana College, Petro Theatre, Billings, MT
Admission: $5.00 per person

INTERVENTION - 12:00 Noon, August 5, 1982
(Luncheon and Lecture) Ramada Inn, Billings, MT
Admission and Lunch: $25.00 per person

All proceeds will go to the support of Ashley, a non-profit treatment center founded by Father Martin.

For reservations and further information call Lampson in Billings, 248-6345. (Visa and Mastercard bank cards will be accepted.)

Father Martin will also speak and hold a reception in Helena sponsored by Sunrise Ranch and Impact (an employee assistance program), August 6 at the Civic Center. There will be a small reception at Sunrise Ranch. For more information on Father Martin's Helena schedule contact: Carroll Jenkins at 443-6299 or 442-3045, or Jack Casey, Administrator, Sunrise Ranch at 443-6299.

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SEE YOU AT THE FAIR

The Highway Traffic Safety Division has been instrumental in the provision of many alcohol prevention activities in the past several years. This summer that agency will sponsor educational booths at five major fairs in Montana. The booths will provide materials and personnel to discuss seat belts and drinking/driving issues. Sergeant Ray Farrell of the Highway Patrol will be demonstrating the seat belt convincer and related materials. Candis Compton of the Alcohol and Drug Abuse Division will be responsible for the drinking and driving component. These booths are scheduled to be at the fairs in Helena, Billings, Kalispell, Great Falls and Missoula. It is expected that a broad spectrum of Montanans will be reached through these efforts.

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ITS TIME WE GOT M.A.D.D. ABOUT DRUNK DRIVERS

The Montanans Against Drunk Drivers has become quite active in several counties during the past year. Doris Fisher, who began the organization in Bozeman, coordinated a bumper sticker contest as a guise for education on drinking and driving in junior high schools. Eighteen counties participated and awarded cash prizes in each school and county. The most remembered prize will be the lunch at the Governor's Mansion with Ted and Jean Schwinden and the tour which followed. Governor Schwinden said that he would like to see twice as many county winners next year and the selection of a statewide winner.

County Winners and Slogans:

Beaverhead	Linda Nelson	Don't Drive If Alcohol Is Your Companion
Carbon	Donna Wold	Drive & Drink 'N Visit The Clink
Chouteau	Dirk Cappis	Save A Life Don't Drink And Drive
Dawson	Kelly Linch	Drunk Drivers Reunite Families At The Funeral
Flathead	Donel Washbarn	Drinking And Driving Is It Worth The Chance?
Gallatin	Barry Stewart	Put The Brake On Drunk Driving
Golden Valley	Dan Barta	Drunk Drivers Make Me M.A.D.D.
Lewis & Clark	Bruce Kibler	Boozers Are Losers Don't Drink & Drive
Liberty	Stacy Dunwalder	Drunk Drivers Kill Innocents
Madison	Christie McMillan	Unless You Want A Bruizin' Don't Go Cruizin And Boozin'
Mineral	Jeff Assay	Its Time We Got M.A.D.D. About Drunk Drivers
Missoula	Denny McAdam	Live And Let Live Don't Drive Drunk
Musselshell	Karen Zeimet	Drinking And Driving An Explosive Match
Prairie	Kevin Pisk	Report A Drunk Driver! You May Save A Friend's Life
Sanders	Bobby Gowan	Drinking Driver - No Survivor Get It?
Silver Bow	Bridget Vercella	Eat Up Drunk Drivers And Get A High Score In Lives
Wibaux	Damen Johannes	Driving Sober Is No Accident
Yellowstone	Shelley Thompson	Drunk Driving Is Murder

The M.A.D.D. organization has expanded rapidly and now has county coordinators in 43 counties who are working on educational activities, checking on DUI-related activities of both local and state candidates, and lobbying for DUI legislation. As special Task Force was organized at Montana State University where the Sigma Chi Fraternity sponsored a marathon volleyball tournament in which most of the social organizations participated.

For more information about this volunteer group and their many activities, write:

Doris Fisher
Montanans Against Drunk Drivers
1815 Sourdough Road
Bozeman, MT 59715

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Following are letters received by the Alcohol and Drug Abuse Division that we wish to share with our readers:

STAY DRY FOR A DAY

Dear Friend:

The Alcoholic's Hope Foundation is pleased to announce its first annual "STAY DRY FOR A DAY" campaign to be observed on November 9, 1982.

WHAT IF nobody in America drank alcoholic beverages for just ONE DAY? There would be 71 people NOT KILLED on our freeways that day. 2350 people would NOT BE ARRESTED for drunk driving that day; to say nothing of the ones who 'got away'.

DO YOU KNOW that there are at least 100,000 deaths related to alcohol each year, 80% of the misdemeanor and felony offenses are alcohol related, 50% of the homicides are due to the use of alcohol and one-third of the suicides are ALL ALCOHOL RELATED.

ALCOHOL COSTS ALL OF US over 60 Billion dollars each year, with 12 Billion spent in health care costs alone.

If we are losing this many precious lives in a war, the protests would be heard around the world. The news media would give us daily updates on the situation and it would probably be a main topic of conversation everywhere. This is 1982; we have gone to the Moon and back, and STILL we have not solved this age old problem of mankind.

WE CAN DO SOMETHING! We can alter the statistics with your help. "STAY DRY" on November ninth and send your tax deductible contribution to: ALCOHOLIC'S HOPE FOUNDATION.

Cordially,

Claire Costales, President
ALCOHOLICS'S HOPE FOUNDATION
A Non-Profit Organization
11150 Linares
San Diego, CA 92129
(714) 451-0309

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IF YOU KNOW A CHILD UNDER THE AGE OF 18 WHO NEEDS ORTHOPEDIC OR BURN TREATMENT WE WOULD LIKE TO HELP.

If you know of a child under the age of 18 who needs orthopedic or burn treatment, we would like to help.

We maintain a network of 21 Shriners Hospitals. 18 of these hospitals are devoted to orthopedic treatment, 3 are for children who have suffered burn damage, and in addition, Shriners maintain a spinal trauma treatment center.

These facilities provide excellent medical care to children in need regardless of race, creed or color. There is no charge for treatment of any child entering the portals of a Shrine Hospital. These great institutions of caring are supported entirely through the compassion of nearly one million Shriners and their many friends.

(continued on page 13)

(Shrine Hospitals, con't)

We believe that with your dedication and professional expertise, you may know of children who need the care and treatment we can provide. Our only admission requirements are:

1. Children have an orthopedic or burn problem requiring medical treatment.

2. Treatment would place financial burden on their parents or guardians.

Shriners are proud of the fact that we have already assisted nearly a quarter of a million children. We know there are many more who need our help and we would deeply appreciate your assistance in finding them.

Should you locate a child who needs our assistance, simply call our toll-free number 800-237-5055 from Monday to Friday from 8:00 AM to 5:00 PM Eastern Standard Time. Our operators are experts in having the child referred to our proper Unit. In addition to our medical facilities, our Units provide educational, recreational, and more important, loving care.

In gratitude,

Randolph R. Thomas
Imperial Potentate
Shrine Headquarters
2900 Rocky Point Drive
Tampa, FL 33607

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MAILING LIST UPDATE

At the request of the Governor's Office, we are asking that any individual who is receiving more than one copy of this newsletter contact the Citizen's Advocate's Office (1-800-332-2272) or the Alcohol and Drug Abuse Division (449-2827) so that the appropriate number of copies can be distributed.

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COUNSELOR ORGANIZATION TO SPONSOR WORKSHOP

INTERVIEWING SKILLS WORKSHOP - September 17, 1982 9:00 a.m. to 5:00 p.m.

Working with people in the human services requires special knowledge. The purpose of this workshop is to assist the participant in becoming more effective in helping others by the acquisition of techniques associated with the use of recording equipment; both audio and video. This one-day workshop is designed primarily for persons who are in the position of working with chemically dependent clients and are involved in the state certification process and will utilize a combination of lecture, role playing, small group discussion and presentation of case material to illustrate and clarify.

The workshop will be held at the Sunrise Ranch, 2245 Head Lane, Helena. There will be five rooms available for participants coming from out of town on a first come first serve basis. No charge to members of CDCAM.

For more information contact Carroll Jenkins, 443-6299 or 442-3045.

Certification points available.

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